|  |  |
| --- | --- |
|  | ASU Health ServicesOccupational Health and Safety ProgramHealth Surveillance Questionnaire Annual Renewal |

**ANNUAL RENEWAL FORM**

*Return to Mail Code 2104* Attention: Occupational Health RN. ASU Health Services

(This form is to be used by individuals who have previously completed an OHSP Health Surveillance Questionnaire)

|  |  |  |
| --- | --- | --- |
| Name (Last, First, MI)       | ASU ID       | ASURITE      |
| Home Address      | Home Phone      | Date of Birth      |
| Work Phone      | Today's Date      |
| Job Title      | E-mail      |
| Supervisor      | Department      | Mail Code:      |
|
| Area/Org Number to Charge: ECR A402 |

**PART A: Occupational/ Environmental Risk Factors**

1. **Laboratory Animal Use**

|  |  |
| --- | --- |
| **Animals/Tissues/Body Fluids Used or Handled** | **Frequency of Contact** |
| *Check all that apply* | *Daily* | *1-3 times**per week* | *1-3 times**per month* | *Infrequent (0-6 times per year)* |
| [ ]  | Rodents, rabbits, dogs, cats | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | Marine mammals, amphibians, reptiles, marine and fresh | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | Wild rodents, wild birds | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | Cattle, swine, poultry | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | Sheep, goats | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | Nonhuman primates, monkeys | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | Other (specify):       | [ ]  | [ ]  | [ ]  | [ ]  |

1. **Risk Assessment for laboratory Animal Use**

Are you exposed to any of the following in conjunction with animal studies?

|  |  |  |  |
| --- | --- | --- | --- |
| *Yes* | *No* |  | *If yes, specify:* |
| [ ]  | [ ]  | A. Infectious Agents |       |
| [ ]  | [ ]  | B. Recombinant/synthetic DNA Technologies |       |
| [ ]  | [ ]  | C. Chemical Carcinogens |       |
| [ ]  | [ ]  | D. Radiation |       |
| [ ]  | [ ]  | E. Anti-Neoplastic Agents |       |
| [ ]  | [ ]  | F. Known Reproductive Hazards/Teratogens |       |
| [ ]  | [ ]  | G. Human Specimens (cells, bodily fluids, etc.) |       |
| [ ]  | [ ]  | H. Other |       |

**PART B: Personal Health History**

1. **Environmental Allergies /Asthma**
	1. Do you exhibit any of the following symptoms (runny nose; itchy, watery eyes; rashes; shortness of breath or difficulty breathing when exposed to:
		1. animals? No [ ]  Yes [ ]  If yes, please list below:

* + 1. environment allergens such as pollen, mold, dust, etc.? No [ ]  Yes [ ]
		2. chemicals? No [ ]  Yes [ ]  If yes, please list below:

* + 1. other laboratory exposure not listed above? No [ ]  Yes [ ]  If yes, please list below:

* 1. Do you have asthma? No [ ]  Yes [ ]
	2. Do you have any skin problems related to work (e.g. reactions to latex gloves)? No [ ]  Yes [ ]  If yes, please describe:

* 1. If you answered yes to any of the above questions, has the problem worsened over the past year? No [ ]  Yes [ ]  If yes, please explain:

**PART C: Medical Surveillance**

1. Have you had to visit the ASU Health Service or some other health care provider during the past year for any of the following reasons (If yes to any, please provide details):
2. Injury at work:
3. Illness related to work? (For example, an asthma attack, a flare-up of allergies, etc.):
4. Contact with or exposure to a potentially hazardous substance? Examples would be a puncture wound from a laboratory instrument or some other device; an exposure to an infectious agent; an exposure to a chemical agent; etc.
5. Rash or other skin problem?
6. Respiratory problem:
7. Other:
	* + 1. If you answered yes to any of the questions above, how many times did you seek medical attention during the past year for a work-related illness or injury?
			2. Have you had a ***new*** diagnosis of any of the following within the past year?

|  |  |  |
| --- | --- | --- |
|  | *Yes* | *No* |
| Asthma? | [ ]  | [ ]  |
| Environmental allergies? | [ ]  | [ ]  |

**PART D: Additional Personal Health Concerns**

1. Do you have any health or workplace concerns that you feel may affect your occupational health and for which you would like to confidentially discuss the matter with the Campus Health Service physician? No [ ]  Yes [ ]

**I have answered the questions on this form truthfully and to the best of my recollection.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**